

MICHIGAN STATE UNIVERSITY

John & Marnie Demmer Shooting Sports
Education & Training Center

Acknowledgment and Release of Liability Form

Name (First, Middle, Last): _____

Street Address: _____

City/State/zip: _____ Phone (home) : _____

E-mail: _____ Phone (cell): _____

Emergency contact: (name) _____ (relation) _____

Phone : _____ Alternative Phone: _____

How did you hear about us? _____

I promise to attend and cooperate in safety training and instruction to be provided by Demmer Center staff. I understand the prevailing safety rules and practices that are meant to ensure a safe environment.

I know that a shooting sports facility entails grave risks. Such includes the risk of great bodily harm and property damage arising from the carrying and handling of firearms in and around the facility. Similarly, injury and damage arising from the use of archery equipment is also possible. Knowing that use of the Demmer Center entails risk, and in consideration for being permitted to use the facility, **I agree to release MSU, its Board of Trustees, employees and agents from all costs, claims and expenses, with respect to any loss, death or personal injury, or property damage, arising from my using or being on the premises of the Demmer Center, other than any such loss, death or personal injury, or property damage, proximately caused by gross negligence or intentional misconduct on the part of MSU, its employees or agents.**

I affirm that I am knowledgeable about the firearms/ammunition/archery equipment I will use during my visit. I know that I alone am responsible for my actions. I affirm that my firearm has been properly maintained and loaded or my archery equipment is in good working order.

I accept sole responsibility for any personal injuries or property damage that I cause.

I understand that I must abide by the Demmer Center Firearms and Archery Equipment Policy and User's Policy, which is available upon request. I know that ***use of ammunition with a caliber higher than .22 is prohibited.*** I will comply with the Demmer Center's rules, as well as

all state, federal and local laws and ordinances. If I fail to comply, I know that I may be expelled from the facility or lose range privileges.

Drug, Alcohol and Medication Policy: I acknowledge and accept that the Demmer Center forbids the presence on its premises of any person who is under the influence of alcohol or drugs. I accept that no person may participate in any activity at the Demmer Center while subject to the effects of medication carrying a caution about driving or equipment use.

Media Release. Patrons are sometimes photographed or videotaped for Demmer Center promotional and educational materials. While the staff will informally endeavor to honor patron preferences, I authorize the use of such images in any form without compensation or liability.

Personal Affirmations: I affirm that I have not been convicted of a felony. Nor am I prohibited by law from possessing a firearm.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THESE TERMS.

Authorized Signature: _____ Date: _____

Policy Regarding Minors: A minor may participate in activities at the Demmer Center while accompanied by a responsible adult and with the approval of an authorized parent/guardian. The following certification is mandatory.

Minor: _____ (print name) _____ (date of birth)
_____ (print name) _____ (date of birth)

I, (parent/guardian) _____, certify that: 1) I am the parent/guardian of the above-named minor; 2) I am authorized to allow his or her participation in Demmer Center activities; 3) I spoke with him or her about the need for safe practices and behavior while at the Demmer Center; and, 4) the accompanying adult knows to cooperate with Demmer Center staff.

I so certify and I so promise: _____
signature of parent/guardian